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Bib Data Sheet

CONFIRMATION NO. 8659

SERIAL NUMBER 09/196,013	FILING DATE 11/19/1998 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 5586D-7076
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APPLICANTS

NORIO KOMA, MOTOSU-GUN, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN HEI 9-320190 11/20/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/06/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>PP</i> Initials				

ADDRESS

26021

TITLE

COLOR LIQUID CRYSTAL DISPLAY

FILING FEE RECEIVED 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit _____

SERIAL NUMBER 09/196,013	FILING DATE 11/19/98	CLASS 345	GROUP ART UNIT 2774	ATTORNEY DOCKET NO. 5586D-7076
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APPLICANT

NORIO KOMA, MOTOSU-GUN, JAPAN.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED JAPAN HEI 9-320190 11/20/97 ✓

_____ IN _____

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no Verified and Acknowledged <u>IN</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 8	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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ADDRESS

LOBE & LOBE
 10100 SANTA MONICA BLVD SUITE 2200
 LOS ANGELES CA 90067-4164

TITLE

COLOR LIQUID CRYSTAL DISPLAY

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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